

## **DARE To Be You**

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors  
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education  
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus  
Replication Information | Contact Information

*Program developers or their agents provided the Model Program information below.*

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### **BRIEF DESCRIPTION**

DARE To Be You is a preschool/primary prevention program for children 2 to 5 years of age. It seeks to improve parent and child protective factors by improving parents' sense of competence and satisfaction with being a parent; providing parents with knowledge and understanding of appropriate child management strategies; improving parents' and children's relationships with their families and peers; and boosting children's developmental levels.

### **Program Background**

The DARE To Be You program began in 1979 with a research grant from the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, to establish a community-based system to help decrease alcohol and tobacco use by youth 8 to 12 years old. In 1985, the U.S. Department of Education funded development of a K-12 curriculum and corresponding teacher training. In 1989, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention funded the development and evaluation of the component for families and their preschool youth described in this fact sheet. A 2-year project ensued, and the DTBY principles were tested with these youth as they became 10 to 14 years of age. Because of the positive results of this research, for 14 years the Colorado Department of Health included DTBY in its community team prevention efforts. Requests from both researchers and community teams led to development of the teacher training/school component and the family component.



## **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

National Association of State Alcohol and Drug Abuse Directors and the National Prevention Network: Exemplary Program

U.S. Department of Agriculture: Building Human Capital Award

Cooperative Extension Service: Distinguished Service Award

Colorado Governor's Award: Excellence in Prevention

Colorado Mothers, Inc.: Champion for Children and Families, Individual Award

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## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

UNIVERSAL, SELECTIVE

The program targets very young high-risk children.

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## **INTERVENTION TYPE**

COMMUNITY-BASED

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## **CONTENT FOCUS**

SOCIAL AND EMOTIONAL COMPETENCE, DOES NOT SPECIFICALLY ADDRESS ANY SUBSTANCES

The program does not specifically target the use or abuse of substances.

PARENTS ARE A PRIMARY TARGET POPULATION

The family component of the program has a program that focuses on personal and parenting effectiveness, stress management, child development, and home management skills.

## **PROTECTIVE FACTORS**

### INDIVIDUAL, FAMILY

#### INDIVIDUAL

- Positive personal characteristics (e.g., social and communication skills)
- Positive sense of self (e.g., competence and efficacy)
- Problem-solving skills
- Internal locus of control
- Empathy
- Autonomy
- Future orientation
- Appropriate developmental attainments and school readiness
- Enhanced socioeconomic status (through increased self-efficacy and motivation)

#### FAMILY

- Nurturing and well-managed home environment
  - Attachment to parents and extended family
  - Parental satisfaction with parental role
  - Positive parent-child interactions
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## **RISK FACTORS**

### INDIVIDUAL, FAMILY, COMMUNITY

#### INDIVIDUAL

- Low parental effectiveness and satisfaction
- Poor school readiness for children entering school (low developmental level)
- Poor self-management skills
- Economically disadvantaged
- Individual mental health problems

#### FAMILY

- Disorganized or unstable family environment
- Poor communication
- Child or self-blame attributions leading to potential abuse
- Family mental health problems

#### COMMUNITY

- High levels of alcohol and drug abuse
- Pro alcohol and drug use norms

## **INTERVENTIONS BY DOMAIN**

### **INDIVIDUAL, FAMILY, PEER, COMMUNITY**

#### **INDIVIDUAL**

- Life and social skills training

#### **FAMILY**

- Parent education/parenting skills training

#### **PEER**

- Peer-resistance education

#### **COMMUNITY**

- Multiagency activities and collaboration
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## **KEY PROGRAM APPROACHES**

### **COMMUNITY INVOLVEMENT, PARENT TRAINING, PEER LEADERSHIP, COUNSELING OR SUPPORT, SKILL DEVELOPMENT, OTHER: TEACHER TRAINING**

This program has four implementation components:

- A family component that focuses on developing and enhancing parenting skills in stress management, child development, and home management, as well as family meals and social time together with parent-child activities.
- Age-appropriate activities for very young children and their older siblings that focus on building self-esteem, self-responsibility, empathy, and communication.
- Training for teachers and child care personnel and other community members that impact the children and families on establishing positive environments to enhance positive development of children and families.
- Employment of teens in the children's program to develop positive and supportive older peer relationships.

#### **COMMUNITY INVOLVEMENT**

Community members receive training on establishing positive environments to enhance the positive development of children and families.

#### **PARENT TRAINING**

A series of parent training workshops on self-concept, self-responsibility, communication, and decisionmaking. Designed to improve family support for children, improve family management skills, and strengthen a positive world view by parents.

#### **PEER LEADERSHIP**

Teen peers are hired to work with the children's program to develop positive and supportive older peer relationships.

## SKILL DEVELOPMENT

Parents are taught family management, communication, and decisionmaking skills.

Children and youth are taught communication, empathy, and self-responsibility skills.

## OTHER: TEACHER TRAINING

Child care personnel receive training on establishing positive environments to enhance the positive development of children and families.

## HOW IT WORKS

The DARE To Be You program should have a site sponsor—a key agency that works with families. While the site sponsor may vary with the needs of the community, it must be respected by the community. Sponsors may be Head Start or other preschool educational programs, schools, family centers, or coalition groups. The program is delivered to families at a site convenient to the families in a location comfortable for families to attend. The program consists of three components:

- **Family Component**, which offers parent, youth, and family training and activities for teaching self-responsibility, personal and parenting efficacy, communication and social skills, and problem-solving and decisionmaking skills. It consists of an initial 12-week family workshop series (30 hours) and semiannual 12-hour reinforcing family workshops. (Post-DTBY support groups are also recommended.)
- **School Component**, which trains and supports teachers and childcare providers who work with the target youth.
- **Community Component**, which trains community members who interact with target families, local health departments, social services agencies, family center personnel, probation officers, and counselors.

School and Community Component participants have the same 15-hour training requirement. Training for childcare providers and involved community members will also be held at a place deemed appropriate by the site sponsor.

For the Family Component, DTBY activities require a room large enough to handle up to 45 family members and staff, 2 or more breakout rooms for 20 to 30 children, and space for the family meal. One medium-size room is needed for teacher and community member training.

A positive and nurturing staff of 3 part-time professionals is required to effectively deliver DTBY to 20 adult family members and their children (per session), including:

A **Site Coordinator** works with referral sources; recruits, screens, hires, and supervises staff; and contracts for initial training and assists with program logistics. This 10-hour per week position requires a bachelor's degree.

The **Parent Trainer/Facilitator** conducts weekly family workshops, monthly post-DTBY, and bimonthly reinforcing workshops. This 10-hour per week position, which also requires an undergraduate degree, coordinates its parent activities with the child program staff and may provide teacher and community training. Trainers should budget 80 hours to prepare, promote, and implement the Teacher and Community Components.

A **Child Program Coordinator/Teen Trainer-Supervisor** prepares and implements the children's program; trains, monitors, and mentors teen teachers; and assists with workshop logistics. A bachelor's degree is preferred for this position that requires 10 to 12 hours a week.

**Teen Teachers** are recruited to work with the program children 3 hours a week. Two to 5 hours of clerical/administrative support is needed.

Evaluation Staff is required by research design.

### **Training and Materials**

Three days (20 hours) of onsite implementation training for up to 35 site team members, plus 2 hours of technical assistance (TA) by telephone, is available from DTBY staff. Followup implementation/site visits (1-day minimum) and other TA packages are also available. Printed program materials are available from the Colorado State University Cooperative Extension.

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## **OUTCOMES**

### **REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES**

#### **REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS**

Decreased parental child blaming and harsh punishment.

#### **IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS**

Better child self-management and family communication reported by families.

Increased parental effectiveness and satisfaction, maintained over 2 years.

Increased appropriate parental limit setting, maintained for 2 years.

Increased open communication (between parent and child)

#### **OTHER TYPES OF OUTCOMES**

Significantly increased satisfaction with support systems and self-sufficiency.

Male father figure in 45% of the families participated in and completed the intervention.

Increased child developmental level, maintained for at least 2 years.

### **Benefits**

- Improved parental competence
- Increased satisfaction with and positive attitude about being a parent
- Adoption and use of nurturing family management strategies
- Increased and appropriate use of limit setting
- Substantial decreases in parental use of harsh punishment
- Significant increases in child developmental levels

## **EVALUATION DESIGN**

Families with children 2 to 5 years old were randomly selected and placed into control and experimental groups. The parents in each group completed a battery of pretests and 1-year and 2-year followup surveys. The experimental group also completed a posttest immediately after completing a 12-week, 20-plus-hour intervention. Child program staff completed pre- and postprogram surveys on the participating youth. The survey instruments are described by our evaluation protocol (see Outcomes). In addition to the outcome variables measured, process measures included workshop environment scales, workshop log sheets that documented activities, staff, participants, and the environment of each workshop. Community agencies completed surveys on the program. Results included statistically significant decreases and/or delays in onset of alcohol and tobacco use in the experimental group over the control group of peers.

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## **DELIVERY SPECIFICATIONS**

5–24 WEEKS, 25–52 WEEKS

Amount of time required to deliver the program to obtain documented outcomes:

Parent training and child activities: 12-week family workshop series (30 hours) and semiannual 12-hour reinforcing family workshops.

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## **INTENDED SETTING**

RURAL, URBAN, SUBURBAN

The program was developed at various sites in Colorado.

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## **FIDELITY**

Components that must be included in order to achieve the same outcomes cited by the developer:

- A site sponsor that is respected by the community.
- A positive nurturing staff of three part-time professionals per 20 adult family members and their children, per session.
- Teen teachers trained to work with the program children 3 hours a week.
- Evaluation staff who can implement the research design.
- Adequate space to conduct the program.
- An incentive system for families that complete the program.

## **PERSONNEL**

### **FULL TIME, PART TIME, PAID, VOLUNTEER**

- Site coordinator—works 10 hours per week with referral sources; recruits, screens, hires, and supervises staff; and contracts for initial training and assists with program logistics.
  - Parent trainer/facilitator—works 10 hours per week to conduct weekly family workshops, monthly postintervention and bimonthly reinforcing workshops, coordinates parent activities with the child program staff, and may provide teacher and community training. Trainers should budget 80 hours to prepare, promote, and implement the teacher and community components.
  - Child program coordinator/teen trainer-supervisor—works 10 to 12 hours per week to prepare and implement the children's program; trains, monitors, and mentors ten teachers; and assists with workshop logistics.
  - Teen teachers—work 3 hours per week with program children.
  - Clerical/administrative support will be needed for 2 to 5 hours per week.
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## **EDUCATION**

### **HIGH SCHOOL, UNDERGRADUATE, SPECIAL SKILLS**

The site coordinator, parent trainer/facilitator, and child program coordinator/teen trainer-supervisor should hold bachelor's degrees.

Teen teachers need special training.

The administrative help may need a high school diploma and special skills.

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## **PERSONNEL TRAINING**

Type: SEMINAR/WORKSHOP, Location: ONSITE (user), Length: BASIC (3 days)

Three days (20 hours) of onsite implementation training is needed for up to 35 site team members, plus 2 hours of technical assistance by telephone is available from DARE To Be You staff. Followup implementation/site visits of 1-day minimum and other technical assistance packages, are available.



## **COST (estimated in U.S. dollars)**

\$1,001–5,000

Cost considerations for implementing this Model Program as recommended by the developer:

### **TRAINING COSTS**

20-hour Implementation Training . . . . . \$4,200 plus travel & per diem

Includes a set of seven manuals (Parent Training Guide, Preschool Activity Guide, sibling activity manuals, Peer Training Manual), one activity book and postage.

To substitute the Spanish/English Parent and Preschool Guides . . . . . \$30 (additional)

Onsite Follow-up Training . . . . . \$3,800

### **MATERIALS COSTS**

#### **Family/Preschool Program**

Parent and Preschool Training Set . . . . . \$100  
(Parent Training Guide and Preschool Activity Guide)

Parent Training Guide . . . . . \$50

Preschool Activity Guide . . . . . \$50

Parent & Child Activity Workbook . . . . . \$10

Spanish/English Edition Parent Training Guide . . . . . \$65

Spanish/English Preschool Activity Guide . . . . . \$65

Preschool Activity Kit . . . . . \$225

Grades K-2 Curriculum (sibling activities) . . . . . \$50

Grades 3-5 Curriculum (sibling activities) . . . . . \$50

Teen Training Guide . . . . . \$50

#### **Community and School Curriculum**

Community Leaders' Manual . . . . . \$50

K-12 School Curriculum . . . . . \$225  
(Five-volume set: Introduction, grades K-2, 3-5, 6-8 & Teen)

K-12 school curriculum, per volume . . . . . \$50

Supplemental Guides (Four-volume set) . . . . . \$30  
(Additional activities for self-esteem, decision making, communication, and health care for grades 4 to 6)

Guidance Curricula . . . . .	\$7
(Additional activities for middle and junior high school).	
Self Esteem Booklet . . . . .	\$7.50
Making Decisions . . . . .	\$7.50
Communication Skills . . . . .	\$7.50
Process for Health Care Providers . . . . .	\$7.50

#### Supplementary Materials

Award pad . . . . .	\$1.50 per pad
Warm Fuzzy . . . . .	\$ .50 each
Button pin . . . . .	\$ .50 each
Bear stickers . . . . .	\$35 (package of 100)
Dinosaur (3) and Marvin (1) puppets . . . . .	\$80
Puppet patterns (for making dinosaur and Marvin puppets) . . . . .	\$5
Short- or long-sleeved T-shirts (with DARE To Be You logo) . . . . .	\$10 (approximate)

#### Other Materials

Replication Manual (free from the SAMHSA Model Programs Web site)

Evaluation Protocol (free from the SAMHSA Model Programs Web site)

Fidelity Instruments (free from the SAMHSA Model Programs Web site)

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### INTENDED AGE GROUP

#### EARLY CHILDHOOD (0–4), CHILDHOOD (5–11)

The program was developed for families with children 2 to 5 years of age. However, it has components that address older siblings in target families.

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### INTENDED POPULATION

#### AFRICAN AMERICAN, ASIAN AMERICAN, HISPANIC/LATINO, AMERICAN INDIAN/ALASKA NATIVE, WHITE

The program was delivered to diverse groups of Hispanic/Latino, Black/African American, and White parents and children.

It has also been delivered to populations of single ethnic/racial groups, including Black/African American, American Indian, Cambodian Samoan, Hispanic/Latino, Korean, Tongan Thai, Vietnamese, and White.

The program has been implemented and evaluated with Mountain Ute and Navajo tribes.

## **GENDER FOCUS**

### **BOTH GENDERS**

The program is developed for both male and female students.

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## **REPLICATION INFORMATION**

### **NO INFORMATION PROVIDED**

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## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

Jan Miller-Heyl, M.S.

Jan Miller-Heyl began the DARE To Be You program in 1979. With a background in physiological, biomedical, and ecological systems research, Ms. Miller-Heyl's commitment to conduct prevention/intervention of problem behaviors with an ecological or systems approach evolved naturally. Her belief that involving entire families in the prevention/intervention process led to the commitment use incentives to increase family dosage. Over time, Ms. Miller-Heyl found that the addition of school and community components also is necessary for a successful systems approach. Following the theoretical base of Bandura, the DTBY program builds on strengths to establish efficacy.

### **FOR INFORMATION, INCLUDING ORDERING FORMS FOR TRAINING AND MATERIALS**

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